

# CHARLOTTESVILLE CITY SCHOOLS

## VENDOR APPLICATION

PHONE (434) 245-2948 FAX (434) 245-2603

E-mail: [Donna.Thompson@ccs.k12.va.us](mailto:Donna.Thompson@ccs.k12.va.us)



Complete the following information:

Business Name:		
Trading as:		
Sole Proprietorship × Incorporated × other _____		
Contact Person:		
E-mail Address:		
Federal Identification:		
Social Security:		
Mailing Address:		
City:	State:	Zip Code:
Remit Address:		
City:	State:	Zip Code:
Toll Free Telephone #:		
Telephone #:	Ext:	
Fax #:		
Website:		
Type of Business:		
Services or Supplies sold:		

Complete all information which applies to your business in the above section and return Vendor Application with any attachments to the following: Charlottesville City Schools, Att: Donna Seay, 1562 Dairy Rd, Charlottesville, VA 22903 or fax to Att: Donna Seay, (434) 245-2603. Once we receive your application your Business name will be updated or added to the Bidders list. Thank you for your interest in doing business with the Charlottesville City Schools.